

Case Number:	CM13-0044662		
Date Assigned:	03/31/2014	Date of Injury:	01/02/2011
Decision Date:	04/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53-year-old female with date of injury of 01/02/2011. According to the progress report dated 09/26/2013, the patient states that her pain level goes up and down, and she has increased anxiety and depression about her financial and functional situation. She was never offered a bone stimulator for the pseudoarthrosis, and the Terocin cream caused some irritation to her skin. The patient also states that she wants to try the spinal cord stimulation, but does not want to redo the fusion. She currently takes Celebrex, Lyrica, and Percocet. She rates her pain 9/10. The physical exam shows there is tenderness to palpation in the right lumbosacral paraspinal region. The straight leg raise and the femoral stretch test were both positive on the right. The treating physician is requesting 6 additional cognitive behavioral therapy sessions and a Cybertech lumbar back brace with TENS unit installed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 ADDITIONAL COGNITIVE BEHAVIORAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

Decision rationale: MTUS guidelines support CBT but allows up to 10 sessions with improvement. The ODG Guidelines on cognitive behavioral therapy for chronic pain states that it is recommended for appropriately identified patients during treatment for chronic pain. ODG further states that an initial trial of 3-4 visits are recommended and with evidence of objective functional improvement up to 6-10 visits. Records show that the patient recently received a total of 10 sessions of cognitive behavioral therapy. In this case, the requested 6 combined with the previous 10 exceeds what is recommended per MTUS. The physician does not explain why additional treatments are required and with what goals. Therefore, recommendation is for denial.

1 CYBERTEC LUMBAR BACK BRACE WITH TENS UNIT INSTALLED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Lumbar Supports.

Decision rationale: The ACOEM Guidelines page 301 on lumbar bracing states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG further states there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. However, it is recommended as an option for compression fractures and specific treatments of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but maybe a conservative option). A Cybertech lumbar back brace conforms to the lumbar region and provides continuous cold and heat therapy as well as electrical stimulation to the muscles. The patient doesn't seem to be post-surgery, so the physician is requesting this device for the patient's generalized pain. The ACOEM and ODG guidelines do not support the use of back braces in prevention or treatment of back pain. Furthermore, back garments for electrodes are not supported per MTUS guidelines. Therefore, recommendation is for denial.